

PLEASE
PRINT
PLAINLY

Artist

Address

NO.

STREET

CITY

COUNTY

Shipping Address

(IF SHIPMENT IS REQUIRED)

1868 ALVASON RD.
F. CLEVE. 12

Tel

el. 911-7455

NUMBER FOR
SALE

NUMBER IN
EDITION
(Graphic Prts.)

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required


Permission to print prices on labels granted unless declined here.

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1962.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

ons printed


SIGNATURE